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CONFIRMATION NO. 2227

SERIAL NUMBER 10/605,228	FILING OR 371(c) DATE 09/16/2003 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 7553.00096 / 03- 0920
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/237,194 01/26/1999  
 which is a CON of 08/481,925 06/07/1995 PAT 5,899,855  
 which is a CON of 08/233,397 04/26/1994 ABN  
 which is a CIP of 07/977,323 11/17/1992 PAT 5,307,263

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/04/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 92	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

60683

**TITLE**

PATIENT CONTROL OF HEALTH-RELATED DATA IN A REMOTE PATIENT MONITORING SYSTEM

FILING FEE RECEIVED 2346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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